

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

*10/387315*

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	<i>1</i>		<i>1</i>			
2		<i>1</i>		<i>1</i>		
3		<i>1</i>		<i>1</i>		
4		<i>1</i>		<i>1</i>		
5		<i>1</i>		<i>1</i>		
6		<i>1</i>		<i>1</i>		
7		<i>1</i>		<i>1</i>		
8		<i>1</i>		<i>1</i>		
9		<i>1</i>		<i>1</i>		
10		<i>2</i>		<i>1</i>		
11		<i>1</i>		<i>1</i>		
12		<i>1</i>		<i>1</i>		
13		<i>1</i>		<i>1</i>		
14	<i>1</i>		<i>1</i>			
15		<i>1</i>		<i>1</i>		
16		<i>2</i>		<i>2</i>		
17		<i>2</i>		<i>2</i>		
18		<i>2</i>		<i>2</i>		
19	<i>1</i>		<i>1</i>			
20		<i>1</i>		<i>3</i>		
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TOTAL IND.		↓	<i>3</i>	↓		↓
TOTAL DEP.		←	<i>22</i>	←		←
TOTAL CLAIMS			<i>25</i>			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						